

SCHEDULE 1 (Form 5):**Good Faith Estimate**

(Refer to Form 5 Instructions to Complete SCHEDULE 1)

*Column A**Column B**Column C***Monthly
Estimates****Annual
Estimates****Explanation of Estimated
Disbursement**

For First Year

If additional space is required, attach supporting detail.

ESTIMATED ONE-TIME, FIRST YEAR Disbursements (Money Spent):

1	Estimated Total Attorney Fees and Costs UNTIL Issuance of Letters		
2	Estimated Fiduciary Fees and Costs to prepare Inventory		
3	Estimated Other One-Time Disbursements (attach detail)		
4	Total Estimated One-Time Disbursements (Add lines 1 through 3)		

ESTIMATED MONTHLY, FIRST YEAR Disbursements (Money Spent):

Spent for Protected Person:

Column A multiplied by
12 months

5	Estimated Food, Clothing, and Shelter		
6	Estimated Medical Costs (OPTIONAL)		
7	Estimated Dignity Funds		
8	Estimated Debt Service on Liabilities		
9	Estimated Discretionary Expenditures		
10	Estimated Other for Protected Person (attach detail)		
11	Total Estimated for Protected Person (add lines 5 through 10)		

Spent for Administration Fees & Costs:

12	Estimated Fiduciary Fees & Costs, Excluding Inventory		
13	Estimated Fiduciary's Attorney Fees & Costs		
14	Estimated Protected Person's Attorney Fees & Costs		
15	Estimated Other Administrative Fees & Costs (attach detail)		
16	Total Estimated Administration (add lines 12 through 15)		

17 Total Estimated Monthly Disbursements (add lines 11 & 16)

18 Total Estimated Annual Disbursements (add lines 4, 11 & 16)

19 Due Diligence Statement: